

FILED JUN 21 1944

Primary Registration District No. 4042

Registrar's No. 32

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town LUTESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME SARAH-ANN-CAMPBELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife J. M. CAMPBELL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 13 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 20 hr. min.

9. Birthplace CAPE-GIRARDEAU MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Masterson
13. Birthplace Cape Girardeau MO
(City, town, or county) (State or foreign country)
14. Maiden name Arbelle Keeling
15. Birthplace Cape Girardeau MO
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Campbell
(b) Address Cape Girardeau MO

17. (a) Burial (b) Date thereof 5-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old McPetersen Cem.

18. (a) Signature of funeral director Wilson-Statth-Seabough

(b) Address JACKSON MO

19. (a) May 8, 1944 (b) Mrs. Lawrence Graham
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3 miles East of Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 3/4/44 to _____, 19____, to _____, 19____;
that I last saw him alive on 5/2/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death, Pneumonia

Due to _____

Due to _____

Other conditions, (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (c) Means of injury _____

23. Signature John J. Myers (Att. D. or other)

Address St. Louis Date signed 5/4/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 644-3900
Date Filed 6-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Glenn Wilson

Licensed Embalmer No.

2828

P. O. Address

Jackson MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.